

EARLY DIAGNOSIS AND TREATMENT OF CERVICAL CANCER (KEN/6/011) E2 New

MODEL PROJECT

CORE FINANCING

YEAR	Experts		Group Activity	Equipment	Fellowships		Scientific Visits		Group Training	Sub-Contracts	Misc. Comp.	TOTAL
	m/d	US \$	US \$	US \$	m/d	US \$	m/d	US \$	US \$	US \$	US \$	US \$
1999	1/0	14,700	0	48,000	36/0	124,200	0/0	0	0	0	0	186,900
2000	0/0	0	0	25,000	24/0	86,400	0/0	0	0	0	0	111,400

First Year Approved: 1999

OBJECTIVES: To improve diagnosis, staging and treatment of cervical cancer and improve cure rates from the current low levels to 50%; to increase the level of public awareness and encourage early presentation of patients at treatment facilities.

BACKGROUND: Cancer of the cervix (CaCx) is the commonest cancer in Kenya, accounting for 25% of all cases. The group at risk is estimated at over eight million young women of reproductive age with large families (averaging 5-7 children). Until now there has been no concerted effort to introduce early diagnosis of cancer. Moreover, because of lack of public awareness, almost all patients are at advanced stages of the disease when they reach hospitals for care, and the cure rate is consequently very low. The main counterpart, Kenyatta National Hospital (KNH), a 2000 bed university teaching hospital, is the sole CaCx treatment facility in Kenya, despite the

stated Government policy of decentralizing health services. Although there is one brachytherapy unit at the New Nyanza General Hospital, the facilities are inadequate for treating CaCx. Lack of appropriately trained staff is the major constraint. Human papilloma virus (HPV) infection is known to be closely associated with the etiology of cervical cancer and primary prevention should therefore focus on detection of infection, for which radionuclide based molecular probes and polymerase chain reaction (PCR) can be important laboratory tools. The Kenya Medical Research Institute (KEMRI) is a modern medical research institute with full hospital and virology facilities capable of performing HPV diagnosis. The institute will collaborate with the project by initiating methodology to identify HPV as a predictor of regional prevalence of CaCx to enable the sound planning of future CaCx diagnostic and treatment facilities. There are ongoing research activities at all levels in reproductive health, infectious diseases and virology. However, additional PCR facilities for infectious diseases and virology are needed to determine HPV prevalence in major urban and rural populations using radiolabelled probes and cytology. KEMRI will establish HPV prevalence in major regional centres, to permit the quantification of current and prediction of future CaCx incidence. The institute is committed to providing project personnel to be trained but requires additional PCR facilities. This project has been identified in the CPF for Kenya as high priority for medium term co-operation.

PROJECT PLAN: Emphasis will be on training nationals in various disciplines, first in the utilization of PCR for HPV studies. Then a surgeon and pathologist will be trained in obtaining and analysing cervical specimens. The surgeon will be further trained in radical surgical techniques for the management of the increased number of early stage cervical cancer cases identified. A radiotherapist and a medical physicist will be trained to manage the increased number of curable locally advanced cervical cancer cases. The Agency will also provide training in medical physics and brachytherapy during this period. The Government commitment to reduce the negative effects of CaCx on national resources through the improvement and broadening of CaCx diagnostic and treatment facilities is crucial for the success of the project. A national task force in cervical cancer has been formed under the Ministry of Health, incorporating NGOs such as the Cancer Society of Kenya. This task force will initiate an effective approach to increasing public awareness of CaCx as a national problem, and participate in the development of policy measures to ensure the improvement, broadening and sustainability of the diagnostic, staging and curative services for CaCx.

NATIONAL COMMITMENT: Personnel with basic qualifications will be made available from all participating institutions and an operational budget will be provided. Basic laboratories and cancer treatment facilities are available at Kenyatta National Hospital (KNH), University of Nairobi (UON) and Nyanza General Hospital. The national task force and the National Council for Science and Technology will co-ordinate the activities and oversee the timely implementation of the project.

AGENCY INPUT: Expert services; minor equipment such as a PCR diagnostic laser and cryosurgery equipment; fellowships for training.

PROJECT IMPACT: The project will contribute to an improvement in the wellbeing of families affected by cervical cancer by decreasing morbidity and mortality and reducing health care costs. The capability for identifying women at high risk will be upgraded, and the availability of health services will be broadened in line with the Government policy of decentralization; good planning of screening and treatment facilities will permit the effective use of scarce national resources. The CaCx cure rate is anticipated to increase from the current low levels to as much as 50%.